

Vision Access Committee Conference Call
November 30, 1999

The purpose of the conference call was to check in with the 3 subgroups created at the Vision Access Committee meeting on October 28, 1999. The subgroups agreed to work on revising the priorities established at our first meeting.

Subgroup members were encouraged to contact each other individually to develop language for each priority. It is hoped that the subgroup's revisions will be close to a final product when it is brought forward to the entire Vision Access Committee in January.

Subgroups asked that a Vision Access Committee member list be sent out to all members so it will be easier for members to communicate with each other individually.

Subgroup members were encourage to post the near final product on the list server so that everyone on the committee will have seen the language before the January 18, 2000 meeting.

New Priorities

Committee's #1 Priority (combination of #2 and #4 Objectives)

Lead: Geoff Cady

Member: Chuck Berdan

Access to EMS for perceived emergency needs should be via a universal access system, such as 9-1-1. This system should have the ability to provide care appropriate to need.

- a.. System should have the ability to link an alternative access point such as an advice nurse back to 9-1-1.
- b. System should use emergency medical dispatch principles and certification as core elements of the universal access system.

Committee's #2 Priority (Objective #6)

Lead: Steve Sarine

Members: Geoff Cady and Chuck Berdan

Integration of alternate (non-9-1-1) access should be developed in all universal access systems.

- a. Need to define term "universal access". Free access to 9-1-1, no physical limitations, no language barriers should be part of definition.
- b. System should be linked so that calls may go from 9-1-1 center to non-emergency number center and the reverse.
- c. System should be coordinated with NENA and with vendors.
- d. Standards for data system should be developed.

Committee's #3 Priority (Objective was #1)

Lead: Susan Promes

Members: Jay Goldman, Mike Harris, Jeff Clet, Jim Dunford, Chuck Berdan

Proposed language: Implement access management programs in PSAP's, and promote the development of and participation in large regional centers, as a cost effective way to reduce and direct patients from mandatory hospital transports

(when transported) to more cost effective and medically appropriate dispositions.
Alternate destination policies. Committee could define categories at state level, locals would determine response. The ED is not the only solution.

The next meeting, Tuesday, January 18, 2000, will be held in San Diego. The meeting agenda will include finalization of the Committee's priorities, developing a timeline and action plan for implementation of the objectives.